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ABSTRACT

A workshop on the importance of building and maintaining healthy self-esteem is described in this document. It has been successfully presented to nontraditional college students, counselor educators, and other professionals in the counseling field, with slight modifications depending on the background of the participants. At the beginning of the workshop participants are asked to introduce themselves and to exchange brief personal comments with one other participant whom they do not already know. This activity is used as an ice-breaker to create an informal style for the workshop and to increase the likelihood of audience participation throughout the presentation. It also sets the stage for later interaction between participants. Workshop participants evaluate their own level of self-esteem through the use of a self-esteem instrument. Self-esteem is depicted as a rainbow to illustrate that self-esteem varies within a range and that behaviors indicative of poor self-esteem generally fall into the range at the end of the curve. Methods of enhancing and maintaining healthy self-esteem are presented. Participants are cautioned against adopting a simplistic or "quick fix" attitude. The workshop is closed on a positive note, with participants standing and repeating a group-selected affirmation, followed by a question and answer session. (ABL)

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EMPOWERING YOURSELF. THE IMPORTANCE OF DEVELOPING HEALTHY SELF-ESTEEM

[Ann D. Johnson and George W. Johnson]

This article describes a workshop on the importance of building and maintaining healthy self-esteem. It has been successfully presented to nontraditional college students, counselor educators, and other professionals in the counseling field, with slight modifications depending on the background of the participants. If additional details regarding overheads or other workshop materials are desired, the authors may be contacted at the Department of Educational Administration and Counseling, Southeast Missouri State University, Cape Girardeau, Missouri 63701.

At the beginning of the workshop, participants are asked to introduce themselves and exchange brief personal comments with one other participant whom they do not already know. This activity is used as an ice-breaker to create an informal style for the workshop and increase the likelihood of audience participation throughout the presentation. It also sets the stage for later interaction between participants.

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The construct of self-esteem has been discussed, researched, and recognized for its impact on behavior at least since the 1960s (Aronson & Mette, 1968, Coopersmith, 1964; Korman, 1966; Silber & Trippett, 1965, Silverman, 1964; Taylor & Reitz, 1968, Ziller, Hagey, Smith, & Long, 1969). Napoli, Kilbride, and Tebbs (1988) concluded that one's level of self-esteem is a major factor in psychological and social adjustment. Poor self-esteem may be a contributing factor in such societal concerns as low academic achievement, teenage pregnancy, problems in the work place, drug abuse, alcoholism, welfare dependency, crime, and suicide. They reported that some government agencies are linking such problems, which are prevalent in our country today, with self-esteem.

The issue of self-esteem does indeed appear to be moving beyond textbooks, research articles, and the efforts of counselors, teachers, and other professionals. In fact, the relationship between self-esteem and behavior has recently gained enough credibility to be considered at the state level. An article in the Sunday, August 20, 1989, edition of the Memphis Commercial Appeal included the statement that "self-esteem is a national movement. You don't go to any kind of meeting where they are not talking about it." This article described a program funded by the Tennessee Department of Education entitled Positive Attitudes in Tennessee Schools (PATS), which is designed to improve the self-esteem of both teachers and students. The Department believes PATS will result in improved test scores and better prepared students. The State of Tennessee allocated $120,000 to train program leaders to implement PATS in 35 schools during the fall of 1989. The program will be evaluated over a five-year period to determine if students whose self-esteem is

healthy will be better able to master the basic learning tasks of reading, writing, and arithmetic.

Additionally, California has established a task force to promote self-esteem and personal and social responsibility and to determine the correlation between poor self-esteem and six major areas. crime and violence, drug and alcohol abuse, teen pregnancy, child abuse, chronic welfare dependency, and the failure to achieve in school. The State legislature allocated $750,000 to fund this study with the final report scheduled for release in 1990.

Maryland is another state that has become serious about self-esteem. The Governor of Maryland has formed a 23-member task force to study the relationship between self-esteem and the problems of drug abuse, teen pregancy, failure in school, and other social ills (Krauthammer, 1990).

There may be some confusion about the difference between the terms "self-esteem" and "self-concept". Self-concept is a construct generally accepted to mean an organization of the many ways we view ourselves; self-esteem is subsumed in this definition of self-concept (Searcy, 1988).

Several writers have described and defined self-esteem in order to set it apart from the broader term self-concept. Coopersmith (1967) described self-esteem as a subjective experience wherein the individual's determination of worth is reflected in the attitudes he holds toward himself. Barksdale (1978) defined self-esteem as an emotion, a feeling of personal worth and importance which stems from how warm and loving the individual feels toward himself. Gurney (1987)

maintained that self-esteem is a fairly constant self-evaluation and reflects the positive characteristics we believe ourselves to hold. Napoli, Kilbride, and Tebbs (1988) described self-esteem as the degree to which one "feels useful and necessary in the world" (p. 87).

For the purposes of this article self-esteem will be defined as the value we place on ourselves. This personal value may be thought of as a range of feelings falling along a continuum, and varying somewhat due to environmental circumstances. For example, receiving a promotion at work will likely result in increased feelings of self-worth about professional capabilities, while being turned down for a date will likely result in decreased feeings of self-worth on a personal level. It is possible that both these events could occur within the same day, or even the same hour, probably resulting in mixed feelings about self-worth within a relatively brief time.

Since counselors frequently provide services to clients whose self-esteem is low, counselors should consider the minimal conditions necessary to improve the client's level of self-esteem. Coopersmith (1967) has translated four conditions into four experiences which, when structured into the counseling environment, can provide the client the opportunity to: (1) attain success by becoming competent in activities that require an end product; (2) feel significant as an individual through being loved and accepted; (3) achieve a sense of virtue through learning appropriate values and/or ethical standards; and (4) develop a sense of power through control in coping with environmental situations.

Counselors should be aware that such opportunities extend beyond the counseling setting in situations that include demanding criteria which

can be met, and the presence of a role model to demonstrate appropriate behaviors (Coopersmith, 1967). Consequently, the concept of self-esteem is of concern to counselors from yet another perspective, since they may serve as role models for their clients.

The importance of modeling has long been established through the work of social learning theorists. A study by Wiggins and Giles (1984) found that counselors with healthy self-esteem influence clients more than counselors with poor self-esteem. These researchers concluded that "counselors seemed to have a modeling influence (for good or bad) on their [clients]. Influence was greater for high self-esteem counselors counseling with low self-esteem [clients]" (p. 21). Thus counselors should monitor their own level of self-esteem and maintain a healthy level.

Coopersmith (1967) listed specific behaviors which could be modeled for clients who need to improve their level of self-esteem. These behaviors include coping with anxiety, making decisions, dealing with insults and failures, handling money, making friends, and learning alternative ways to experience power and control.

It is important to note that feelings of self-worth reflect the way one sees oneself, not necessarily the way one is perceived by others (Butts, 1989, Satir, 1988). Brennan (1985) found that one's level of self-esteem fluctuates throughout life as a result of how well one believes he/she measures up to his/her own personal standards. Thus it is quite possible for high achievers who have won many awards to have low self-esteem. This may be one explanation as to why the person who seemingly "has it all" commits suicide.

There are several well-known instruments available to assess one's level of self-esteem. The Barksdale Self-Esteem Evaluation (1974) is used by the presenters because it is a brief, twenty-five item questionnaire from which a Self-Esteem Index (SEI) can be quickly calculated. Other self-esteem measures include the Coopersmith Self-Esteem Inventory (1975), the Rosenberg Self-Esteem Scale (1965), the Culture-Free Self-Esteem Inventory (Battle 1981), Self-Esteem Questionnaire (SEQ-3) by Hoffmeister, and the Tennessee Self-Concept Scale (TSCS) which was developed by Fitts (1965) and is one of the most widely utilized.

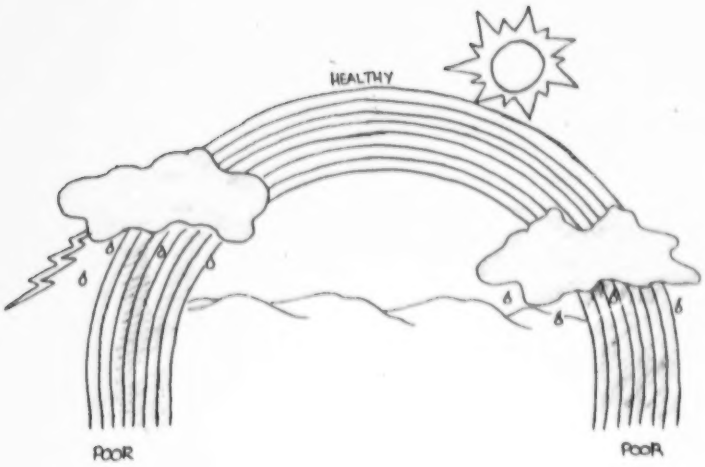
At this point, workshop participants are invited to evaluate their own level of self-esteem through the use of a self-esteem instrument provided by the presenters. Participants are cautioned that a single score or rating merely indicates how they feel about themselves at that particular moment; the results of several inventories taken over a period of time would yield a more accurate assessment of the level of self-esteem.

Some authorities suggest that perhaps the best measure of one's level of self-esteem is how one responds to compliments (Johnson & Johnson, 1989). That is, the ability to respond to a sincere compliment with a feeling of pleasure and a simple word of thanks, and without attempting to negate the compliment in some way, indicates that the level of self-esteem probably falls within a healthy range. However, even when self-esteem is healthy, accepting a compliment may be difficult. Perhaps this is because we somehow feel that accepting a compliment is a form of bragging which is not socially acceptable.

Workshop participants are asked to practice giving and receiving compliments. Positive statements are exchanged with the person to whom they introduced themselves earlier. The two rules for exchanging positive statements are sincerity and "thank you" as the only acceptable response. This is followed by a brief discussion of how it felt to be both the giver and the receiver of compliments. The consensus of opinions about this activity has been overwhelmingly positive. It is almost as though because the participant has been given permission to receive a compliment, it is acceptable to simply relax and enjoy the good feeling that comes from being appreciated.

Self-Esteem As a Rainbow

The behavioral manifestation of self-esteem (Satir, 1988) is depicted as a rainbow to illustrate two points. that self-esteem varies within a range because it is impacted by such things as general health or occurrences in the individual's environment (Brennan, 1985; Searcy, 1988); and that behaviors indicative of poor self-esteem generally fall into the range at either end of the curve. That is, a person with poor self-esteem may be either shy and withdrawn or quite aggressive. (See rainbow illustration.) Other over-heads are used throughout the workshop to visually underscore points.



Graphic artist: Janet E. Williams, MA

INSERT RAINBOW ILLUSTRATION HERE

Other characteristic behaviors of individuals with low self-esteem are overresponsive reactions to both praise and criticism, being critical of self and others, competitiveness, indecisiveness, jealousy, and possessiveness (Satir, 1988; Wiggins & Giles, 1984).

Feelings of unworthiness frequently stem from self-devaluing irrational beliefs, such as "I must excel at everything I do or I am a failure" or "Everyone should like me, therefore, I must try to please everyone I know" (Butts, 1989). "Shoulds" and "musts" are typical of irrational beliefs (Ellis, 1967). Because irrational beliefs involve standards that may be impossible to meet, they set us up for failure. This results in a downward cycle of negative feelings of self-worth, which generalize to negative attitudes toward others, work, and life in general, and leads to negative and self-defeating behaviors that in turn reinforce negative feelings about self. Thus each component contributes to the downward cycle.

A laundry list of destructive emotions that may accompany the downward cycle include inadequacy, inferiority, resentment, fear, anxiety, guilt, and hopelessness. Behavioral consequences of these negative emotions include abuse of others as well as self-abuse, even suicide. Whatever our level of self-esteem, we communicate our feelings of self-worth through our interactions with clients, students, colleagues, and loved ones.

If how we feel about ourselves affects so many aspects of our lives, it clearly behooves everyone to find ways to maintain a healthy level of

self-esteem. Then we in turn may serve as instruments of encouragement and growth for others. Here are eight strategies for enhancing and maintaining healthy self-esteem.

Stop the downward cycle. Recognize irrational beliefs and mentally refute them by reframing them logically and positively. Thus "I must excel at everything I do" becomes "I will do my best at this particular task."

Short-range goals/small successes. Break down broad long-term objectives into manageable short-range goals. The completion of each short-range goal generates a feeling of accomplishment that reinforces a success orientation.

Acting "as if". Since behavior affects emotion, even though we may be feeling anxious about a certain situation, acting self-confident will foster a feeling of increased confidence. This, in turn, sets up a positive cycle of feelings, attitudes, and behavior.

Success list. Make a written list of strengths and successes, large AND small. Keep the list handy, adding to it frequently and referring to it during the inevitable ebb of self-esteem.

Positive self-talk and affirmations. What we tell ourselves has a decided impact on outcomes. The self-fulfilling prophecy is a well known phenomenon. Affirmations are positive messages we repeat to ourselves throughout the day. Workshop participants are encouraged to suggest affirmations, which are shared with the group.

A favorite affirmation of the writers is, "I am perfectly wonderful and I affirm myself," which tacitly acknowledges limitations without dwelling on them, while assuming personal responsibility for the affirmation process. This affirmation is often selected as the closing affirmation for the workshop.

Positive people. Surround yourself with people who are warm, supportive, and have a positive outlook on life. These people are a joy to be around and enrich your life by their very presence.

Caring for others. Be generous with friendliness, kindness, and encouragement. Personal involvement reminds us of our connectedness with others.

Nurture yourself. Take care of you - physically, emotionally, and spiritually. The old admonitions to eat a well-balanced diet and get plenty of exercise are a good beginning, but don't stop there. You also need emotional and spiritual nourishment. Consider taking a "Me Day": concentrate on the things that bring a sense of well-being and inner peace. Celebrate You!

Acknowledging and accepting ourselves as we are, including both strengths and limitations, becomes easier as we grow to value ourselves more. Developing healthy self-esteem is a process of growth and emergence, which may be thought of as helping oneself through the looking glass. Gradually, we can learn to give ourselves the gift of healthy self-esteem.

Individuals whose self-esteem is healthy are easily recognized. They seem to radiate strength and a comfortableness with themselves. Persons

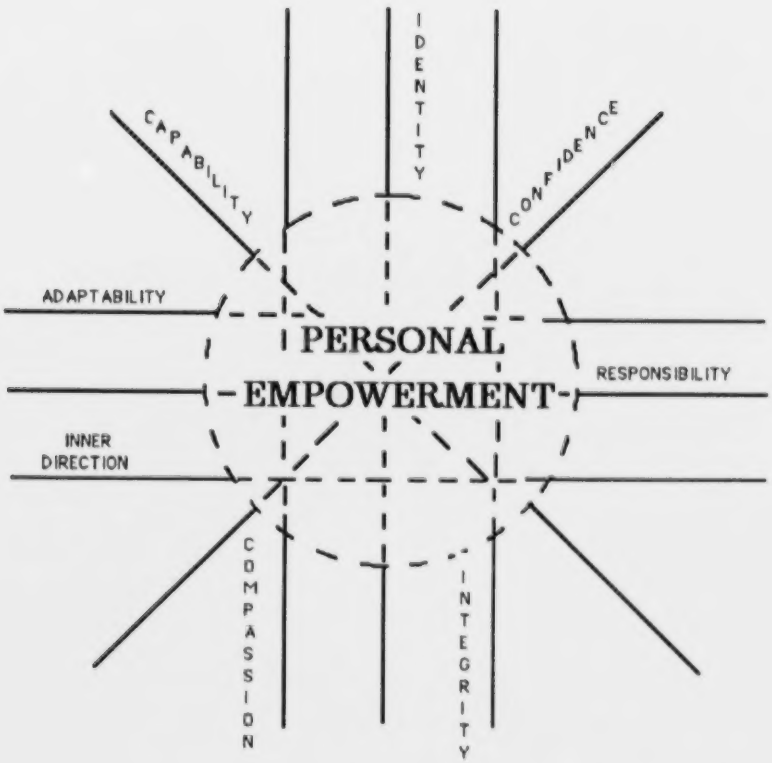
with healthy self-esteem are. 1. inner directed, 2. confident in their ability to deal with challenging situations, 3. sensitive to the needs of others (compassionate), 4. flexible and willing to adapt to changing life situations, 5. hold high values and principles and act accordingly (integrity), and 6. have a strong sense of their own identity (Satir, 1988). These characteristics interact, and the result translates into Personal Empowerment, as illustrated by the following model.

INSERT MODEL HERE

Each of us has the opportunity to choose to live life fully. Not one of us is perfect, but each of us in our own way is perfectly wonderful. Remembering these two truths can do much to reverse the cycle of negative feelings, attitudes, and behavior and begin the positive, upward cycle.

Participants are cautioned against adopting a simplistic or "quick fix" attitude. Developing and maintaining one's level of self-esteem are time-consuming but vital tasks (Napoli, Kilbride, & Tebbs, 1988).

The workshop is closed on a positive note, with participants standing and repeating a group-selected affirmation, followed by a question and answer session.


IDENTITY
CAPABILITY
CONFIDENCE
ADAPTABILITY
PERSONAL
EMPOWERMENT
RESPONSIBILITY
INNER
DIRECTION
COMPASSION
INTEGRITY

Participants are given a packet, which includes a list of recommended readings, a description of strategies to enhance self-esteem, and examples of affirmation statements.

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